



DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON, SCHWEINFURT
Unit 25850 Box 38
APO AE 09033

IMEU-SWF-HRM

4001 BRIEFING WORKSHEET

Name: _____ SSN: _____ UNIT: _____
(Print: Last, First, Middle Initial)

Current DEROS: _____ ETS: _____ BASD: _____ PEBD: _____

Date Departed U.S.: _____

Is this your first assignment? Yes/No Is this your first assignment to EUROPE? Yes/No

Are you attached to another unit: No/Yes, to Unit (include UIC)

1. Date of Marriage: _____

2. Name Of Dependent(s) Last, First, Middle and (Maiden Name of Spouse)	Relationship:	DOB	EFMP (Y/N)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Spouse's Current Address: _____
(Street, City, State, Zip Code, and County is a must!!)

NOTE: IF COUNTY IS MISSING FOR DEPENDENTS, THIS WILL SLOW DOWN THE TRAVEL PROCESS).

4. Have family members applied for **Official no Fee Passports**? Yes or No, if yes where applied
at: _____

5. Were your family members with you at your last duty station? Yes or No. If no, where did they reside?

6. Date that the Government last moved your family? _____

7. Date that the Government last moved your HHG? _____

8. Are your HHG currently in storage? Yes or No Temporary _____ Permanent _____

9. Did you ship a vehicle? Yes or No. If no will your spouse ship one? Yes or No

10. Is your **spouse pregnant**? Yes or No. If yes, what is the expected due date? _____

11. Are any of your family members enrolled in EFMP? Yes or No

12. Are you prior active duty? No/Yes, reentered on _____ where? _____

13. Email address for Service Member, or for Spouse: _____

14. Day time phone number where your Spouse can be reached at: _____